# Florida Department of State

Division of Corporations Public Access System

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FLORIDA PROFIT/NON PROFIT CORPORATION

JUAN C BETANCUR INC.

Certificate of Status	0
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SECRETARY OF STATE

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# SECRETARY OF STATE TAIL AHASSEE, FLORIDA

### ARTICLES OF INCORPORATION

We, the undersigned, do hereby associate ourselves together and subscribe this Certificate of Incorporation for the purpose of forming a Non-for Profit Organization, in compliance with Chapter 617, F.S. Of the State of Florida, and subject to the following provisions:

### ARTICLE I NAME

The name of the Corporation shall be:

JUAN C BETANCUR INC.

### ARTICLE J PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

109 DUBAL STREET KEY WEST FLORIDA 33040

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This Non-Porfit Organization will be a part of the festivities held yearly in Key West Florida (Fantasy Fest), part of the proceeds and earnings will be donated to the community/city.

### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed by minutes in By Laws

### ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

The names and mailing addresses of the members of the First Board of Directors and/ or officers for the first year of existence of the corporation or until their successors are elected or appointed and have qualified, are as follows:

> JUAN C BETANCUR 809 WASHINGTON STREET #103 KEY WEST FLORIDA 33040)

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## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida Street address of the registered agent is:

JUAN C BETANCUR 809 WASHINGTON STREET #103 KEY WEST FLORIDA 33040)

<u>ARTICLE VII INCORPORATOR</u>

The name and address of the incorporator is:

JUAN C BETANCUR 809 WASHINGTON STREET #103 KEY WEST FLORIDA 33040)

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

NAME / Registered

7/9/09 Date